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Week ended January 29. Supplemental bills of health granted to 4 steamships. Members of crews and steerage passengers inspected 199 and 366, respectively; members of crews bathed, 41; effects disinfected; number of pieces of baggage steamed, 82; manifests viséed for 45,110 pieces of freight amounting to 3,645 tons.

MEXICO.

Report from the Superior Board of Health of Mexico.

In compliance with articles 1 and 2 of the International Sanitary Convention held at Washington, October 9-14, 1905, the acting president of the Superior Board of Health of Mexico reports, February 14 and 21, that no case of yellow fever and no death from the said disease were registered in the Mexican Republic during the weeks ended February 12 and 19, and that the prophylactic measures reported under date of September 28, 1908, continue to be carried out.

SAN LUIS POTOSI—Scarlet Fever.

Consul Bucklin reports, February 10:

Scarlet fever is prevalent in this city, a total of 24 deaths having been reported from December 11, 1909, to January 28, 1910.

San Luis Potosi has a population of 61,019.

PHILIPPINE ISLANDS.

Passed Asst. Surg. V. G. Heiser, chief quarantine officer and director of health of the Philippine Islands, reports, January 17 and 20:

Diagnosis of Cholera.

Important facts have developed in connection with the diagnosis of cholera in Manila. For the corresponding quarter of 1905 there were 80 cases of meningitis reported; 81 cases for 1906; 151 for 1907; and 129 for 1908. In view of the desirability of verifying the diagnoses in some of these cases a number of autopsies were made, and these showed that the cause of death was not meningitis but cholera.

It was therefore decided early in the quarter to hold autopsies in all cases that were reported as meningitis. This step had the immediate apparent effect of increasing the diagnostic acumen of those signing death certificates, and only 29 cases of meningitis were reported. It is interesting to note, however, that of these, 12 proved to be cholera, 8 beri beri, and 9 meningitis.

Erroneous diagnoses of this kind furnish additional proof of the manner in which it is possible for cholera to be tided over from one outbreak to another, and also most strongly emphasize the importance of continuing investigation with regard to cholera in the Philippine Islands.

The indications of success in combating the outbreak of cholera in Cebu, which were mentioned in previous reports, have been fully realized, and the disease has been brought under complete control. On December 29, 1909, no cases had been reported for 5 days, and the maritime quarantine restrictions at that port were removed.